

PATTY JUDGE, SECRETARY
IOWA DEPARTMENT OF AGRICULTURE
AND LAND STEWARDSHIP

Check one
Thoroughbred
Standardbred
Quarter Horse

APPLICATION FOR ELIGIBILITY
IOWA REGISTERED STALLION

Date _____

Name of _____ Color _____ Age _____

Sire _____ Dam _____

National Breed Registration Number _____ Tattoo Number _____

Markings: _____

This stallion stood for service the previous year at: _____

_____ (farm)

_____ County _____ State _____ Zip Code _____

Name of Owner _____

(all interests must be given)

Address of Owner _____

Current location of stallion _____

Statement:

I certify that a minimum of fifty-one percent of this stallion is owned by a bonafide resident(s) of Iowa.
Thoroughbred stallions will not stand for service anyplace outside the state of Iowa during the calendar year in which Iowa-bred foals are conceived.

Standardbred & Quarter Horse stallions will not stand for service anyplace outside of the state of Iowa before August 1st during the year in which the Iowa-bred foals are conceived.

_____ (Owner/Lessee Signature)	_____ (Date signed)
_____ (Street or Route Number)	_____ (Telephone Number)
_____ (City and State)	_____ (Social Security Number)

Return application and your national registration certificate to address below.
(Your nation breed registration certificate will be returned to you within 10 days.)

For office use only:	Horse Racing Program
Iowa Registration No. _____	Iowa Department of Agriculture and Land Stewardship
Issued _____	Wallace Building
By _____	Des Moines, IA. 50319
Iowa Department of Agriculture Form S-1	Telephone (515) 281-7683 or (515) 281-4103

(see other side)

009-0498

Application procedure and other pertinent information.

This application must be submitted prior to January 1st of the breeding season except for horses going to stand for their first season and in those instances, the stallion shall become eligible at the date of certification.

This application must include the original National Breed Registration Certificate, transferred over and clearly showing ownership. The Department will return the Certificate to you by certified mail.

Attach to this application details concerning right of ownership such as bill of sale, contract to own, or other documents providing proof of ownership which must show all agreements concerning breeding rights, repurchase agreements, and all types of concessions. If applicable, use affidavit to show multiple interests.

If an Iowa registered stallion is moved within Iowa to stand at another location, the Department must be notified before the stallion is offered for service at the new location.

If an Iowa registered stallion is moved, temporarily, to another state for medication, its certificate will remain valid as long as the Department is properly notified.

The registration certificate shall remain valid, unless there is a change of ownership, as long as the stallion stands in Iowa in accordance with the Department rules. It is essential that all residency and notification procedures are properly followed.

If you wish to have a copy of this application for your records, simply make a duplicate for yourself.

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AFFIDAVIT

Name of Stallion _____

Please identify names, resident address(es), and the percentage of ownership of all owners. If ownership is in total or part a corporation, provide names and resident address(es) of all directors, officers and shareholders and the percentage of ownership by the corporation. If stallion has been syndicated, indicate all syndicate members, their addresses, percentage of ownership (number of shares held by each), and the date Iowa residency was established. Additional sheets may be attached as necessary.

**OWNER(S) NAME
AND ADDRESS**

**PERCENTAGE
OF OWNERSHIP**

**DATE IOWA OWNER
RESIDENCY ESTABLISHED**

I hereby certify that this information is true and correct, and that the above stallion meets all the requirements for Iowa registration. I further certify that I have been a resident of the State of Iowa for at least six (6) months prior to this registration. I understand that any false information shall be grounds for disciplinary action.

(signature of Stallion Owner)

(Seal)

Subscribed and sworn to before me this _____ day _____, _____